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APPLICATION NUMBER	FILING/RECEIPT DATE	FIRST NAMED APPLICANT	ATTORNEY DOCKET NUMBER
09/976,841	10/13/2001	Jeffrey C. Hawkins	21495-05938

CONFIRMATION NO. 1707

00758
FENWICK & WEST LLP
TWO PALO ALTO SQUARE
PALO ALTO, CA 94306

FORMALITIES LETTER



OC000000007078274

Date Mailed: 11/15/2001

NOTICE TO FILE MISSING PARTS OF NONPROVISIONAL APPLICATION

FILED UNDER 37 CFR 1.53(b)

Filing Date Granted

An application number and filing date have been accorded to this application. The item(s) indicated below, however, are missing. Applicant is given **TWO MONTHS** from the date of this Notice within which to file all required items and pay any fees required below to avoid abandonment. Extensions of time may be obtained by filing a petition accompanied by the extension fee under the provisions of 37 CFR 1.136(a).

- The statutory basic filing fee is missing.
Applicant must submit \$ 740 to complete the basic filing fee for a non-small entity. If appropriate, applicant may make a written assertion of entitlement to small entity status and pay the small entity filing fee (37 CFR 1.27).
- Total additional claim fee(s) for this application is \$246.
 - \$162 for 9 total claims over 20.
 - \$84 for 1 independent claims over 3 .
- The oath or declaration is unsigned.
- To avoid abandonment, a late filing fee or oath or declaration surcharge as set forth in 37 CFR 1.16(l) of \$130 for a non-small entity, must be submitted with the missing items identified in this letter
- The balance due by applicant is \$ 1116.**

The application is informal since it does not comply with the regulations for the reason(s) indicated below.

The required item(s) identified below must be timely submitted to avoid abandonment:

- Substitute drawings in compliance with 37 CFR 1.84 because:
 - drawing sheets do not have the appropriate margin(s) (see 37 CFR 1.84(g)). Each sheet must include a top margin of at least 2.5 cm. (1 inch), a left side margin of at least 2.5 cm. (1 inch), a right side margin of at least 1.5 cm (5/8 inch), and a bottom margin of at least 1.0 cm. (3/8 inch);

A copy of this notice MUST be returned with the reply.



Customer Service Center

Initial Patent Examination Division (703) 308-1202

PART 2 - COPY TO BE RETURNED WITH RESPONSE

2022-11-24 14:54:50



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PTO/SB/21 (modified)

Approved for use through xx/xx/xx, OMB 0651-0031

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

23
\$
+
sec to

TRANSMITTAL FORM <i>(to be used for all correspondence during pendency of filed application)</i>	Application Number	09/976,841	
	Filing Date	October 13, 2001	
	First Named Inventor	Jeffrey C. Hawkins	
	Group Art Unit Number	2681	
	Examiner Name	Not yet known	
Total Number of Pages in This Submission	24	Attorney Docket Number	21495-05938

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form (in duplicate) <input checked="" type="checkbox"/> Check Enclosed	<input type="checkbox"/> Issue Fee Transmittal
<input checked="" type="checkbox"/> Return Receipt Postcard	<input checked="" type="checkbox"/> Letter to Chief Draftsperson
<input checked="" type="checkbox"/> Response to Notice to File Missing Parts	<input checked="" type="checkbox"/> Formal Drawing(s): [13] Sheet(s) of Figure(s) [1A-11B]
<input type="checkbox"/> Assignment & Recordation Cover Sheet	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Combined Declaration and Power of Attorney	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Power of Attorney	<input type="checkbox"/> Certified Copy of Priority Document(s)
<input type="checkbox"/> Application Data Sheet	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Information Disclosure Statement & PTO-1449 <input type="checkbox"/> Copies of IDS Cited References	<input checked="" type="checkbox"/> Notice To File Missing Parts Of Nonprovisional Application
<input type="checkbox"/> Request for Corrected Filing Receipt	<input type="checkbox"/> _____
<input type="checkbox"/> Request for Correction of Recorded Assignment	<input type="checkbox"/> _____
<input type="checkbox"/> Amendment/Response: [] Page(s) <input type="checkbox"/> After Final	<input type="checkbox"/> _____
<input type="checkbox"/> Status Request	<input type="checkbox"/> _____
<input type="checkbox"/> Revocation and Substitute Power of Attorney	<input type="checkbox"/> _____

REMARKS:

SIGNATURE OF ATTORNEY OR AGENT

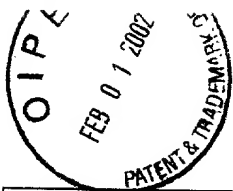
Signature:	<i>Eileen A. Lehmann</i>	
Attorney/Reg. No.:	Eileen A. Lehmann, Reg. No. 39,272	Dated: 01/14/02

CERTIFICATE OF MAILING

I hereby certify that this correspondence, including the enclosures identified above, is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, Washington, D.C. 20231 on the date shown below. If the Express Mail Mailing Number is filled in below, then this correspondence is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service pursuant to 37 CFR 1.10.

Signature:	<i>Eileen A. Lehmann</i>	
Typed or Printed Name:	Eileen A. Lehmann	Dated: 01/14/02
Express Mail Mailing Number (optional):		

20090114 14:26:50

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PTO/SB/17 (10-01)(modified)

OMB 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

0002/PTO(modified)
Rev. 10/2001U.S. Department of Commerce
Patent and Trademark Office

Complete if Known

FEE TRANSMITTAL

TOTAL AMOUNT OF PAYMENT

Subtotal (1) + Subtotal (2) + Subtotal (3) = (\$)**1116.00**

Application Number	09/976,841
Filing Date	October 13, 2001
First Named Inventor	Jeffrey C. Hawkins
Group Art Unit	2681
Examiner Name	Not yet known
Attorney Docket Number	21495-05938

METHOD OF PAYMENT

1. The Commissioner is hereby authorized to:

- ☐ Charge the indicated fees to the below mentioned deposit account.
- ☒ Charge any additional fee required under 37 CFR 1.16 - 1.21 or credit any over payments to the below mentioned deposit account.†
- ☐ Applicant claims small entity status See 37 CFR 1.27

Deposit Account Number: 19-2555

Deposit Account Name: FENWICK & WEST LLP

A Duplicate Copy of this authorization is attached

2. ☒ Payment Enclosed:☒ Check ☐ Credit Card ☐ Other

FEE CALCULATION (fees effective 10/01/2001)

1. FILING FEE

Large Entity Fee Code/Fee	Small Entity Fee Code/Fee	Fee Description	Fee Due
107/\$740	201/\$370	Utility Filing	740
106/\$330	206/\$165	Design Filing	
108/\$740	208/\$370	Reissue	
114/\$160	214/\$80	Provisional Filing	
SUBTOTAL (1)			(\$)740

2. CLAIMS

Large Entity Fee Code/Fee	Small Entity Fee Code/Fee	Fee Description
103/\$18	203/\$9	Claims in excess of 20
102/\$84	202/\$42	Independent claims in excess of 3
104/\$280	204/\$140	Multiple dependent claim
109/\$84	209/\$42	Reissue independent claims over original patent
110/\$18	210/\$9	Reissue claims in excess of 20 and over original patent

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity Fee Code/Fee	Small Entity Fee Code/Fee	Fee Description	Fee Due
105/\$130	205/\$65	Surcharge - late filing fee or oath	130
127/\$50	227/\$25	Surcharge-late provisional filing fee or cover sheet	
147/\$2,520	147/\$2,520	For filing a request for reexamination	
115/\$110	215/\$55	Extension for response within first month†	
116/\$400	216/\$200	Extension for response within second month†	
117/\$920	217/\$460	Extension for response within third month†	
118/\$1,440	218/\$720	Extension for response within fourth month†	
128/\$1,960	228/\$980	Extension for response within fifth month†	
119/\$320	219/\$160	Notice of Appeal	
141/\$1,280	241/\$640	Petition to revive unintentionally abandoned application	
142/\$1,280	242/\$640	Utility Issue Fee (Or Reissue)	
143/\$460	243/\$230	Design Issue Fee	
122/\$130	122/\$130	Petitions to the Commissioner	
126/\$180	126/\$180	Submission of Information Disclosure Statement	
179/\$740	279/\$370	Request for Continued Examination (RCE)	
581/\$40	581/\$40	Recording each patent assignment per property (times number of properties)	
146/\$740	246/\$370	Filing a submission after final rejection (37 CFR 1.129(a))	
149/\$740	249/\$370	For each additional invention to be examined (37 CFR 1.129(b))	
Other fee (specify):			
Other fee (specify):			
SUBTOTAL (3)			(\$)130

(Col. 1)		(Col. 2)		(Col. 3)			
For	No. of Existing Claims	minus*	Highest No. Previously Paid For	=	Extra**	x	Fee
TOTAL	29	minus*	20	=	9	x	18
INDEP	4	minus*	3	=	3	x	84
[] First presentation of multiple dependent claim							=

* Subtract the greater number of Col. 2

** If the difference between Col. 1 and Col. 2 is less than zero, then enter "0" in Col. 3

SUBTOTAL (2) (\$)**246**

SUBMITTED BY

Typed or Printed Name **Eileen A. Lehmann**

Complete (if applicable)

Reg. Number **39,272**

Signature

Eileen A. Lehmann

Date

01/14/02

21495/05938/DOCS/1235749.1

† Request for Extension of Time per 37 CFR 1.136 (a)(3) made hereby